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"*NEC TENUI PENNA.*"

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B. O. COWLING, A. M., M. D., and L. P. YANDELL, M. D.
EDITORS.

THE Anderson News, published in the interior of the state, relates that last spring a celebrated "Indian Doctor," of Fox Creek, employed a farmer of the neighborhood to plant and cultivate one acre of ground in small gourds, which he promised to buy at two cents apiece. He wanted them to put his medicines in. "The result of the contract," says the News, "is that the notorious Indian doctor has skipped out for parts unknown, leaving the farmer with 17,000 gourds, which according to contract would have brought him \$340."

The Indian Healer was evidently no rou-tinist, and no doubt required several hundred receptacles for his wondrous roots and herbs; but 17,000! That were enough certainly to appall the soul of the most vegetable. Yet do you know that these 17,000 gourds may yet find a market and for separate medicines, if it should become fashionable to put medicines in such receptacles? The day of polypharmacy has come again, not in the way of half-yard mixtures, but in remedies and preparations innumerable. Let us at least hope that the elixir of life lies somewhere among them.

OF course we wish success to every attempt at advancing the standard of medical education; but we could not help smiling when, in the St. Louis Clinical Record, the new "College of Physicians and Surgeons" throws down its glove against the low-basis sinners, and the printer heads the article "A CHALLENGE."

VOL. VIII.—No. 19

THE last number of the American Medical Bi-Weekly states that its editor, Dr. E. S. Gaillard, having resigned his chair in the Louisville Medical College, will remove to New York, whither he will take his two publications, the Bi-Weekly and the Richmond and Louisville Medical Journal. Louisville is thus reduced to three medical journals, and New York goes up to a dozen.

THE Detroit Medical College has announced that with the sessions of 1880-81 a preliminary examination will be required of students. It will also require of candidates for the degree of M. D. three regular terms of systematic study, with final examination at the end of each term upon the studies of that term. The "advanced standard" is evidently having its "boom," and promises to sweep the country.

THERE is an item going the rounds of the newspaper press concerning a showman who was killed by a boa-constrictor, which is of surgical as well as painful interest. It was a part of the exhibition for the snake to wrap itself around the man. Upon this occasion, having done so, instead of loosing its keeper, the animal crushed him after its peculiar fashion. When at length the constrictor was induced to uncoil itself by the offer of a bowl of milk, the dead body of the man was recovered, and upon examination eighty-seven fractures were discovered. Whether the statement be true or false does not appear, but the item is preserved as a basis of statistics in boa-constrictor fractures.

Original.

SIMPLE PERFECTED TEST FOR SUGAR.

BY L. S. OPPENHEIMER, M. D.

Demonstrator of Histology in the University of Louisville.

Heretofore in this country the favorite qualitative test for grape sugar in the urine has been the Trommer test; after this, as qualitative and quantitative, Fehling's test and the fermentation test. Besides these there are a number of others equally as good, but not so universally applied. These are Heller's, More's, Böttger's, Frohn's, Piffard's, and Haynes's. It is to this latter that I owe the suggestion that led me to perfect the sugar-test as here offered. The objections to Haynes's test are that it is not a quantitative test, and that the copper is precipitated after standing a short time. Of all the tests Trommer's is the least reliable, and Fehling's the most. The only objection to the latter is its liability to alteration. Professor Flint, jr., keeps the various constituents of Fehling's solution in separate bottles; but this, he says, does not prevent the serious decomposition of the solution of neutral tartrate of potash. Besides this the copper solution is apt to undergo change and precipitate some oxide. Another disadvantage of all of the above tests, except Frohn's, is the impossibility of finding sugar if albumen be present or if the urine be ammoniacal. None of these are obstacles to the qualitative application of my test, which is simply a solution of copper sulphate in pure glycerine in this proportion:

Pure sulphate-of-copper crystals... grs. 50;
Pure glycerine..... oz. 1.

This equals six and a quarter grains copper to one dram of glycerine, and this will reduce one grain of grape sugar in the presence of a caustic alkali. The glycerine protects the copper from the action of the caustic alkali, and as well from the various constituents of the urine. The copper crystals must be thoroughly triturated with the glycerine in a mortar, and kept in a clean glass-stoppered bottle.

Qualitative Test.—Two or three drops are dropped into a small test-tube, and about a half dram of officinal liquor potassa added, and the whole shaken till the resulting precipitate is dissolved. The solution will then be of a dark-blue color. It is then boiled and a few drops of urine dropped into the tube, and again boiled for a minute or two.

If sugar be present in considerable quantity, the fluid will suddenly become opaque, and prolonged boiling will turn it by rapid degrees to a canary or brownish yellow; and upon cooling the yellow or brown cuprous oxide will be found in the bottom of the tube. During the test, however, the attention must be kept on the fluid itself, not on the precipitate. Ammoniacal or albuminous urine will not interfere with this reaction, if a drop or two of a weak solution of bichromate of potash be added before testing. If only small quantities of sugar be present, more urine must be added. If no copper oxide be precipitated, or if the mixture does not turn to a definite yellow, not a dirty-green color, after adding an equal volume of urine with the test-liquid and boiling, no sugar is present.

Precautions.—The precipitate of cuprous oxide is granular, not flaky; and the precipitation of the whitish, grayish, or brownish flocculi of phosphates, which always occurs in alkalinized urine, should never be mistaken for the dense, opaque, yellowish urine containing cuprous oxide, or the bright, heavy, granular yellowish or brownish precipitate of the same.

Quantitative Test.—One dram of the test-fluid (= six and a fourth grains cupr. sulph.) is measured into a flask, and about two drams of liq. potas. and an equal amount of water added. This is either put upon the stove or over a lamp, the flask resting on wire gauze or a tin plate. If the urine contain much sugar (as indicated by the qualitative test), it should be diluted with a measured quantity of water, as in Fehling's test; if only a small quantity is present, no dilution is required. The measured urine—let us say one half ounce—and the diluting agent—say one and a half ounces, making two ounces in all—are dropped from a graduated tube or glass into the test-fluid and brought to the boiling-point, a few drops being added at a time, and after boiling a few moments allowed to settle for a few seconds. This is continued till the opaque brownish mixture becomes yellow. The urine is then more carefully dropped, and the fluid allowed to cool a little after each boiling, till a ring of clear fluid shows itself at the surface, showing that the whole of the copper has been oxidized and is rapidly precipitating as yellowish or reddish brown cuprous oxide. This precipitate is thrown down in the first part of the examination, and increases as the reaction is continued. This decolorization terminates the process. One grain of sugar has

been neutralized. Then read off the graduate how much fluid has been used. Let us suppose six drams were used. One fourth of this (one and a half drams) was urine. We therefore have one grain of sugar in one and a half drams of the urine.

If the examiner have no flask, a small morphine- or quinine-bottle will answer perfectly, only half the quantity (half a dram) of the test-liquid being used if a small bottle be taken; this neutralizes, of course, only a half grain of sugar. Albumen interferes with this test, and must therefore be removed by coagulating with acetic acid and filtering; the urine is then neutralized with liq. potass. and used as above.

LOUISVILLE.

Correspondence.

MATERNAL IMPRESSIONS.

To the Editors of the Louisville Medical News:

As a contribution to the subject of "maternal impressions," on which there is considerable diversity of opinion in the medical profession, but without giving views *pro* or *con*, I send you the following case for publication:

August 27, 1879, was called to Mrs. —, whom I found in labor with her fourth child, and which terminated in a few hours by the birth of a large female child, well formed in every respect, except the right forearm was absent, and looked as if it had been amputated about two inches below the elbow. As soon as it was born the mother seemed to detect by my countenance that something was wrong with the child, and asked me. I evaded her inquiry for some time before I told her. For a while she manifested some distress, and then told me she had had some fears concerning it, as a beggar had called at her house in February last, and she gave him something to eat. While there she noticed that he had lost his right arm, and the stump was exposed in warming it. Her house-servant, knowing her condition, cautioned her at the time about looking at it. She states that the child's arm appears exactly like the arm of the beggar. Her other children are all perfectly formed.

As a further contribution of the same character, I refer to a man residing in this vicinity whom I have known for many years. He is now fifty-eight years of age; was born with a short stump of the right forearm. He informs me that his mother attributed

it to dressing the arm of a man who was wounded, and which had been amputated some days before, when she was pregnant with him, and that his arm is exactly like the arm she dressed.

R. S. WENDEL, M. D.

MURFREESBORO, TENN

To the Editors of the Louisville Medical News:

Below I give you the history of a case of infantile erysipelas which illustrated clearly what Prof. L. P. Yandell, jr. said to the medical class of 1877-78 when I was a student at the University, "that whenever we saw a patient complaining of intense pain, and could find no immediate cause for it, we might look out for an eruption on the skin.

On September 23, 1879, I was called to see an infant son of A. W. Brown, aged seven weeks. The mother told me that the child was seized the evening before with a chill or rigor, and that it groaned and seemed to be in great distress all night, not sleeping any. I found the pulse greatly accelerated, skin hot and dry, and temperature in axilla 104°. I examined its lungs, abdomen, and pupils, but could find no thoracic, bowel, or brain trouble. Mother informed me that it had been in excellent health from birth up to the time it took the chill. I sat and watched it for some time to see if I could ascertain what it was that caused so much distress. Failing in this, I prescribed the following, and left, promising to call next day: Tinct. aconiti fol. 5ss, spts. niter dulc. 3i; dose, four or five drops in breast-milk every three hours until fever cooled. Gave also hydrarg. chlor. mite, grs. iij; pulv. ipecac, grs. ij; M. div. in pow. No. 6; one every three hours. To give one-grain doses of quinine every two hours when fever cooled, until three or four grains were taken.

September 24th: Found patient quiet, temperature 103°, bowels moved, skin not quite so dry; continued treatment, leaving off calomel and substituting leptandrin.

September 25th: Found little fellow with temperature of 104½°, and over bridge of nose and right eye I detected an erysipelatous rash, which spread slowly over its entire head and body before it ceased. I ordered the following when I discovered the rash: Quinia sulph. grs. vj; potass. chloratis grs. xij; div. in pow. No. 6; one every four hours. Also tinct. ferri chloridi, gtt. j every six hours. Continued the spts. niter dulc. and tinct. aconiti leaves. I used as a local application, to cool the parts and to

protect them from the air, the following: Pulv. camphor and tannin, aa ʒj; sulphuric ether, ʒij; apply with camel's hair pencil once in three hours.

I continued this treatment, alternating it with opiates, cathartics, etc., for two weeks. During that time the rash reappeared three times on the bridge of its nose and right eye, and going over its head and neck. The scrotum and penis became enormously swollen, so much so that urination and defecation were very painful. The scrotum ulcerated on anterior aspect toward close of second week. At expiration of that time I concluded to try bismuth subnitratiss q. s. to form a thick paste with cold cream (fresh), and applied it over the entire affected parts. It seemed to act like magic, for soon all the redness left it, and I only had to treat the ulcerations of the scrotum, which I did with bismuth powdered over them. Something very strange (to me), on the ends of its fingers large clear blisters formed as the rash disappeared from them.

At this writing the child is convalescing and out of danger, I think. Now did the local application of the bismuth and cream effect the cure, or was it from the perseverance in the tincture of iron and quinine? for I continued it all the time, sometimes increasing the dose and then diminishing it.

JAS. W. ROGERS, M. D.

CENTER, TEXAS, October 14, 1879.

To the Editors of the Louisville Medical News:

I notice in your last number that Dr. Stuart, in the British Medical Journal, highly recommends milk sulphur (sulphur precipitatum) in the treatment of diphtheria, claiming that almost immediately after its topical application the membrane blackens and becomes detached. My experience with sulphur, I am sorry to say, is widely different from his. Some two years ago a virulent epidemic of diphtheria broke out in my field of practice. The ordinary treatment of muriate tincture of iron, quinine, chlorate potash, wine, beef tea, etc. seemed utterly valueless. A child of four or five years, playing around, would be shown me with a spot in the throat no larger than a pea. In less than forty-eight hours that child would die of strangulation in spite of the most approved remedies.

About this time I saw an article in the weekly papers stating in the most positive terms, on the authority of some great German physician, that milk of sulphur was a certain cure for diphtheria in any and every

stage. Determined to give my patients every chance, I at once began its use, blowing it through a tube frequently and liberally into the fauces, and also applying it with a swab, until the entire membrane would be coated with it; but alas! my cases marched toward death with the same rapidity as before its use. The membranes did not turn black nor did they become detached; in fact it produced no visible effect whatever.

The next summer, in a new epidemic of the disease, I repeated my experiments with sulphur, with the same unfavorable results. Dr. Buckley, a leading physician of Freeport, Ill., who assisted me in the treatment of one of the fatal cases, has tried the sulphur in several instances without success. I have also used some of the sulphites and sulphurous acid, locally and internally, without appreciable benefit. I have better results from the topical application of a mixture of perchloride of iron and carbolic acid, with a liberal supply of food, wine, and quinine, than by any other method that I have tried. Still many cases are hopeless from the inception of the disease, and perish no matter what treatment may be used.

A. K. VAN HORN, M. D.

YELLOW CREEK, STEPHENSON CO., ILL.

Books and Pamphlets.

LUNACY REFORM: HISTORICAL CONSIDERATIONS. By E. C. Seguin, M. D., Clinical Professor of Diseases of the Mind and Nervous System, etc. Reprint from Archives of Medicine for October, 1879.

A CONSPECTUS OF THREE DIFFERENT FORMS OF ACUTE INFLAMMATORY CARDIAC DISORDER. By Roswell Park, A. M., M. D., Assistant to the Chair of Anatomy, Chicago Medical College; Surgeon to South Side Dispensary; etc. Reprint from Chicago Medical Journal and Examiner for October, 1879.

The Louisville Medical News.

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Miscellany.

AN ARGUMENT FOR THE GERM-THEORY.—

It is curious to note how often very unwholesome conditions are found to be coëxistent in a district with a low death-rate and an immunity from fatal infectious disease. One such instance, at Lymington, we alluded to not very long ago, and two other cases of the same kind have been recently reported to the Local Government Board by Dr. Blaxall and Mr. T. C. Langdon, as existing at Okehampton and in the Wells Rural Sanitary District respectively. At Okehampton the water-supply is exposed to pollution from the direct communication which exists between the mains of the closets, and the sewerage is most defective and imperfect. The sewers are unventilated, and the arrangements for flushing are for the most part unsatisfactory. The privies, which are used where sewers do not exist, are of the most objectionable description, differing only in degree of unwholesomeness. The contents are allowed to accumulate for an indefinite period, while the privy-structures generally present every stage of dilapidation. Pigs are very commonly kept, often in unwholesome relation to dwellings, and usually in a very filthy and neglected condition. The floors of many of the dwellings are damp, which probably accounts for the exceptional prevalence of rheumatism in the town. Certain of the houses are very dilapidated, and most of them are surrounded by conditions greatly prejudicial to health. Yet the death-rate for the two years 1876 and 1878 was 17 per 1,000, and that for the intermediate year only 12.5 per 1,000, zymotic diseases being conspicuous by their absence. As Dr. Blaxall points out, however, this favorable result must not be allowed to lull the authority into a sense of false security, seeing that *the conditions revealed as every where present in their midst are the very conditions which are recognized as favorable to the development and spread of infectious disease*, especially cholera and enteric fever; and these diseases introduced into the town would be liable at any time, with the existing state of things, to become widespread and fatal.

In his report on the Wells Rural District, Mr. Langdon shows that, notwithstanding the low death-rate of the district (14 per 1,000), many unwholesome conditions exist that may foster the recurrence of preventable diseases. The water-supply of some parts of the district is much contaminated,

and in others so circumstanced that it is liable to pollution by means of excremental and surface soakage. Although there is in many places an abundance of water, yet it is often not available for the purposes of the population, and where springs are used they are not sufficiently protected. Very generally the means of sewerage and drainage are defective. The privies are faulty in construction, and occasion much nuisance; and indeed the action of the sanitary authority seems to have been generally very imperfect.

[The heading of this extract from the British Medical Journal sounds like a sarcasm. The facts cited are curious, but not corroborative of the prevalent belief in the necessity of drainage and pure drinking-water to secure health.]

GOLDEN WORDS.—We must—if we wish to afford our suffering fellow-creatures some palpable and certain relief, which they in the end will duly realize and appreciate—give greater attention to arresting and overcoming the effects of disease, rather than devote all our energies toward discovering certain dark and incomprehensible phenomena which will never be satisfactorily elucidated; for they only give origin to specious unpractical theories, which, after occupying the minds of the ingenious for a short period, give place to others even perhaps more complex and mistifying. Vain theoretical speculations do for the subtle casuist, but matter-of-fact truisms must be the goal of all those who wish to arrive at the perfection of medical science; and the only roads leading to it are simplicity of treatment, accuracy of observation, and by discarding certain far-fetched hygienic and pathological hypotheses, which confuse and mislead those who are too credulous to doubt or too indolent to investigate.—*E. M. Boddy, F. R. C. S., in Med. Press and Circular.*

SUICIDE IN GERMANY.—Suicide seems to be on the increase in Germany. From the statistics for the year 1878 we gather that the figure of 1,126 was reached, out of which 215 were women. In 749 cases death was produced by hanging, in 217 by drowning, and in 88 by injury to the brain.

THE discovery of mineral wax (ozocerite) in Utah is announced in the American Journal of Science and Arts. Prof. J. S. Newberry says that it is not zietriskite, as some misguided chemists have supposed.

HYPODERMIC "DRAM-DRINKING"—WISE AND TIMELY WORDS FROM THE LANCET.—There is danger that the race of opium-consumers will soon, though in a modified way, be revived and multiplied; and that, too, because science has discovered an inestimably gentle, scientific, and sound mode of relieving pain, which unhappily seems to be now inexcusably abused to a most egregious extent. We allude to morphia hypodermically. This new mode of administering the drug was favorably received at the outset; it advanced rapidly in professional favor, and is now so generally recognized that the stock instruments of physicians and surgeons are not considered complete without a syringe for injection under the skin. It would be well if this very useful instrument passed into no other than legally authorized hands. But unfortunately (to use a very mild expression) some members of our profession have chosen to instruct their patients in the use of the instrument, although they must have full knowledge of the fact that opium, like alcohol, will accomplish—more slowly, perhaps, but not less surely—that which ruined Cassio and thousands of human beings before and after his era. We consider such instruction to a male patient exhibits a grave want of discretion, and an act for which the medical attendant ought in hardly any case to make himself responsible. But (and we allude to this subject mainly on account of what follows) it is within our knowledge that physicians, and more particularly specialists, do in certain cases not only instruct clients of the other sex to manipulate the syringe, but give them one for private use at the close of the attendance, and explain the scale of minims required, etc. It is, of course, beyond our province to indicate what a medical man should or should not prescribe for his patient, male or female, in this or that disease; but most of our cloth know perfectly well the insidiously delightful sensations produced by hypodermic injections of morphia, how the patient comes to await his dose with earnest expectation, and of course, when his own master, usually forestalls the hour at which it is directed to be taken. Given a member of the weaker sex, of the upper or middle class, enfeebled by a long illness but selfishly fond of pleasure, and determined to purchase it at any cost, there are the syringe, the bottle, and the measure invitingly to hand, and all so small as to be easily concealed even from the eyes of prying domestics. A stimulant dose is required at the beginning and a soporific

dose at the end of the night's pleasure. We all know the almost inevitable result. Loss of appetite and of flesh; uneasy sleep, with delirious mutterings; the dose in unprofessional hands almost invariably increased and that rapidly; and all kinds of derangements of the organs below the diaphragm, as well perhaps most of those above it. Can any practitioner, with this knowledge before him, put into the hands of his client, how trustworthy soever she may be, so dire an instrument to steal her brains away?

THE APEX-BEAT OF THE HEART.—According to Prof. Filehne and Dr. Penzoldt, of Erlangen (*Centralblatt Med. Wiss.*), the usually accepted view, that the apex-beat is due to a systolic downward and forward movement of the heart to the left, is false. By their experiments on animals (rabbits, dogs, and guinea-pigs) they believe that they have proved that this phenomenon, systolic in point of time, is due to a change in form of the contracted heart, by which it *rotates to the right* and moves *upward and forward*. They explain the difference between their conclusions and those of former observers—Skoda, Bamberger, and others—by the latter having confused systole with diastole owing to the rapid movements of the heart. Their own method of experimenting is exceedingly ingenious and obviates this difficulty. After exposing the heart they irritate the peripheral portion of the vagus nerve, and so diminish the number of cardiac pulsations. The movement which now first occurs after the interval between two pulsations is undoubtedly systolic, and that which immediately follows the first, and is itself succeeded by an interval of rest, is diastolic. By simultaneously irritating the central end of the pneumogastric nerve, all disturbance of the experiment by respiratory movements is temporarily abolished. By such observations as Drs. Filehne and Penzoldt have as yet been able to make on the human subject, notably in a woman with exposed heart following pneumothorax, they believe what is true of the above-named animals is true also of man.—*Med. Times and Gazette*.

MORTALITY FROM INTEMPERANCE.—Dr. Norman Kerr has been further investigating this subject, and he stated last week at Manchester that his estimate had been arrived at by applying the results of his own medical experience to the total number of medical men in the kingdom. The medical profession had been supposed to number 16,000,

and on this hypothesis his former estimate was based; but, having since had occasion to communicate with every member of the profession, he found the actual number of practitioners, exclusive of the army and navy, to be 18,090. The original computation then that 120,000 persons died every year in Great Britain and Ireland from intemperance—40,500 dying from their own excess, and 79,500 dying from the indirect consequences of the excess of others—was far under the truth, as had been from the first contended by Dr. Hardwicke and many competent observers. Dr. Kerr reviewed the fortieth report of the registrar-general with reference to deaths from alcoholism, and suggested that the Social Science Association should ask confidential returns from 500 medical men in different parts of the country, with the view of arriving at approximation to the truth. It was significant that gout is more fatal now than it was ten years ago, and that Italy, a most temperate nation, had only 240 per 1,000,000 of violent deaths, while England, an intemperate nation, had no fewer than 757 per 1,000,000. Dr. Hardwicke, in commenting upon Dr. Kerr's results, expressed the opinion that this subject was of paramount importance, seeing that the last estimate of the mortality from this cause was put down at from 50,000 to 60,000 *per annum*. From his own observation he believed it ranged at 100,000 at least. He thought that perhaps no one living had seen so much of it as he had. He noticed that this question had been systematically ignored as a cause of the high rate of mortality by medical officers of health and medical gentlemen generally throughout the country. His firm belief was that nearly 100,000 lives were destroyed by alcoholic excesses in this country annually.—*British Medical Journal*.

A CASE of congenital inguino-ovarian hernia, in which both ovaries were removed, was reported before the Obstetrical Society of London by Dr. T. Chambers. The patient, a young woman twenty-four years of age, had observed two swellings in the inguinal region as long as she could remember. She had never menstruated or experienced menstrual molimen. There was a small, short, conical vagina, at the top of which was the opening of the urethra. No uterus could be found by vaginal or rectal examination. The bodies in the groins were subject to pain and injury from knocks and blows, and it was determined to remove them, for they

could not be pushed up into the cavity of the belly. When the patient was put under chloroform, however, one of these bodies ascended through the inguinal ring spontaneously. They were removed under carbolic spray, but the dressing of the wounds appears to have been imperfectly antiseptic; the wounds suppurated, but the patient completely recovered. The specimens removed were shown at a previous meeting of the society, and were referred for report to a select committee consisting of Dr. Galabin and Dr. Jno. Williams. Their report was read after the paper. Microscopic examination showed the bodies to be glandular organs, presenting, however, the structure, not of ovaries, but of imperfectly-developed testicles. Sections were exhibited showing the small tubules of the testicle. The external characters of the organs, moreover, were those of the testicle.—*London Lancet*.

[Evidently this woman was a male.]

MR. ERASMUS WILSON, F. R. S.—After the distribution of the prizes gained at the tenth annual exhibition, held by the Turners' Company, of specimens of turnery, the honorary freedom and livery of the company were conferred on Mr. Erasmus Wilson, "in recognition," the company stated, of his liberality to the nation, through which, in concert with our fellow turner, Mr. J. Dixon, C. E., he transported from Alexandria to the banks of the Thames in London the obelisk of On, long waiting for such public spirit.—*Med. Times and Gazette*.

TREATMENT OF EPITHELIOMA OF THE CERVIX UTERI.—By J. Marion Sims, M. D., in the American Journal of Obstetrics:

This is no doubt an extract from Dr. Sims's new work, the publication of which we are anxiously awaiting. The splendid woodcuts of Dr. Heitzman, of Vienna, simplify the text greatly. After detailing the various methods clinically, Dr. S. gives the following inferences from the same: 1. Do not amputate or slice off an epithelioma of the cervix on a level with the vagina. 2. Excise the whole of the diseased tissue, even up to the internal os, if necessary. 3. Arrest the hemorrhage with tampons of subsulphate of iron or alum cotton wool. 4. Be careful not to use too much force in applying tampons. 5. When the styptic tampon is removed after operation cauterize the diseased surface with chloride of zinc or some other manageable caustic that will produce a clean slough. 6. After the removal of the caustic and the

slough, use carbolyzed warm-water injections or douches daily until cicatrization is complete. 7. After the cure put the patient on arsenic, and make examination every two or three months for recurring cancer. 8. Remove the most minute fungous excrescences at once and cauterize. 9. Almost every case can be benefited by operation.

It is easily understood how Dr. Sims lost two of the three Vienna cases. They were all cases on which operation was considered hopeless, and the most unfavorable of the three was the successful case. This is only a repetition of his history in the New York Woman's Hospital. The most unfavorable cases were always allotted the most skillful surgeon; and if the mortality in his hands was greater, he needs must be the inferior of his calumniators.

A DESERVED COMPLIMENT.—Dr. Fothergill is evidently not one of those physicians who, as far as regards the instruction of the profession and the advancement of medical science, allow their knowledge and experience to run to waste. It too often happens that a small circle of patients are the only individuals who profit by the abilities and experience of their medical attendant; consequently when he dies the results of his matured judgment, and the stores of information he collected during perhaps a long life, perish with him. Neither his professional brethren nor posterity are one bit the wiser for what he said or for what he thought.

A very different character is Dr. Fothergill. Although only a young man, he has already shown himself to be an industrious laborer in the field of clinical medicine, and to be as anxious to teach as he is to learn. Already we have had from his pen a popular treatise upon *The Maintenance of Health*, a very useful and practical work entitled *The Practitioner's Handbook of Treatment*, an original monograph on *The Antagonism of Therapeutic Agents*, and now we have a portly volume on *The Heart and its Diseases*, which, although a second edition of a treatise published in 1872, is so much enlarged and improved as to be virtually a new work.—*Med. Press and Circular*.

BURNING UP THE OXYGEN.—Inventors and clever people generally are cudgelling their brains to discover a new light available for domestic purposes. It is well that those who try experiments with a view to this discovery should be on their guard. We have heard

of one or two "successes" of the class indicated, which would be admirable but that the illuminating agent is of itself sufficient to deprive the atmosphere of any ordinary apartment of the oxygen necessary to sustain life. A lamp with so large an appetite for the gas which human beings require to appropriate in considerable proportions would be scarcely less injurious to the health of any household than a charcoal stove. It is an indispensable qualification for the acceptability of any new lighting apparatus or agency that it should not unduly prey upon or poison the atmosphere in which it burns. The first condition seems to be overlooked by some ingenious inventors who are fully alive to the second.—*London Lancet*.

CAN any one account for the tendency there exists among gynecologists to the parting of the name in the middle? For instance, we have T. Spencer Wells, T. Gailard Thomas, J. Marion Sims, J. Matthews Duncan, T. Addis Emmett, C. Henri Leonard, A. Reeves Jackson, and so forth. Can it be that intimacy with the ladies begets vanity?—*Mich. Med. News*.

Selections.

THE TREATMENT OF THE NIGHT-SWEATING OF PHTHISIS.

By William Murrell, M. D., M. R. C. P., Assistant Physician to the Royal Hospital for Diseases of the Chest, etc. From *London Practitioner*:

Picrotoxine.—Seeing that pathological sweating might be arrested by Dover's power—an agent extensively employed as a diaphoretic—I determined to turn my attention to other sweat excitors. Picrotoxine, the alkaloid of *Cocculus indicus*, naturally suggested itself. The first thing was to obtain it in a form suitable for administration. I procured a saturated solution in water, which I was informed was about one in one hundred and eighty. After a time some of the picrotoxine crystallized out, and I had to content myself with a weaker preparation. Mr. Martindale made me a one-in-two-hundred-and-forty solution—a grain in half an ounce—and this keeps well and is convenient to work with. Next came the question of dose, and here I had very little to guide me. Dr. Crichton Browne says, "A twentieth of a grain of picrotoxine may be regarded as the minimum fatal dose in a rabbit weighing about three pounds, and one thirtieth of a grain may be regarded as the minimum fatal dose for a guinea-pig weighing about a pound and a quarter." This was clear enough for rabbits and guinea-pigs, but threw very little light on the right dose to give to a human being, and I accordingly determined to proceed cautiously, keeping well on the safe side.

The next thing was to find a suitable case for its employment. For many months I had had under

treatment a little girl suffering from Grove's disease, and for some time she had been very ill indeed. She had fallen away terribly, and was very short of breath. Her temperature in the middle of the day was nearly always over 100°, and her pulse 112 or more. Physical examination of the chest showed less than might have been expected, but there could be no doubt that active mischief was going on in the lungs. She had a loud apex systolic murmur—so loud indeed as to obscure the breath-sounds in front. For weeks past she had had profuse sweating night after night. "She was so hot at night," she said, "and her things were quite wet; it would lie on her face like beads." She was ordered a dram of the one-in-one-hundred-and-eighty picROTOXINE solution in eight ounces of water, the dose to be a teaspoonful. The mother was told to give a teaspoonful of the mixture the first night; then, if it did no good, two teaspoonfuls the next night; and if that failed she was to go on to a teaspoonful three times a day, then to two teaspoonfuls three times a day, and so on. She was an intelligent woman, and it was felt that she could be safely trusted. In four days they came again—the mother and the daughter—and this was their report: The first night she was given a teaspoonful, and the perspiration was much less; the second night she had another teaspoonful, and there was less than the night before; the third night she took another dose, and there was hardly any at all; the fourth night the medicine was not taken, and there was no return of the perspiration. They were then told to use the medicine only if necessary, and it was left to the mother's discretion how often it should be given. Three days later they were seen again, and reported that on the fifth night, no medicine having been taken, the perspiration was very bad indeed; on the sixth night the patient took a dose, and there was much less; while on the seventh night no medicine was taken, and the skin was comfortably moist, nothing more. The medicine was discontinued, and there was no return of the perspiration for eleven days, when she had it severely on two consecutive nights. A single dose again checked it, and ten days later she reported that there had been no return. The mixture was tasteless, was taken without difficulty, and produced no ill effects of any kind.

In the second case the picROTOXINE succeeded admirably. The patient was a young man of nineteen, with dullness and flattening at the right apex, and bronchial breathing. He had had night-sweating for a fortnight, almost every night. It generally came on about twelve or one o'clock, and kept him awake till daylight. He was very wet, his flannel shirt was saturated, and often his night-shirt was damp too; he was "just as if he had been washed." He was ordered the same mixture as in the previous case—a teaspoonful of the saturated solution in eight ounces of water. The first night he took a teaspoonful at bedtime, and was no better; the second night he took two teaspoonfuls at bedtime, and noticed some improvement; the third night he took three teaspoonfuls, and perspired very little indeed; the fourth night he took four teaspoonfuls, and was quite dry; he slept better, felt more refreshed in the morning, and was stronger and brighter all the day. The medicine was then discontinued, and there was no return for a fortnight, when he was sent in the country.

The third patient was a policeman, aged twenty-three, with a cavity at his right apex. He looked weak and ill, and had had profuse sweating for five or six weeks. Sometimes it would run off him al-

most in streams. He was ordered the same mixture as the other patients. The first night he took a teaspoonful at bedtime, and sweated as much as ever. The next day he took three doses, the last at bedtime, and that night there was a marked improvement. The next day he took four doses, and was better still. The fourth day he took five doses, and that night was quite free from perspiration. He was brighter and better in every way. The medicine was then discontinued, and the following week he was quite free from perspiration, except a little one night. A week later he reported that there had been a little sweating at bedtime, but not enough to cause him any inconvenience. He was ordered a dram of one-in-two-hundred-and-forty picROTOXINE solution in eight ounces of water, a teaspoonful to be taken every four hours. In two days the perspiration had completely ceased, and a fortnight later he reported that there had been no return. By the arrest of the sweating he improved in every way, and was enabled to return to duty.

Another marked case was that of a man, aged twenty-five, who played the cornet in a popular troupe of nigger minstrels. He had consolidation at the right apex, and a few days before he came under treatment brought up nearly a pint of blood on the stage, half filling his instrument. The sweating usually commenced early in the evening, and often enough after he had "blacked up" for business it would wash half the black off him again. He usually got home about eleven, and was often in bed and asleep by half-past. About two in the morning he would wake up wringing wet. This had been going on for two or three months, and it had weakened him terribly. He had to play for his bread; had he thrown up his engagement he and his wife must have starved. He was most anxious to have the sweating stopped. He was ordered the picROTOXINE mixture in doses increasing from a teaspoonful to a tablespoonful at bedtime. In four days the sweating had practically ceased. In a week it returned, but was checked again in three nights by the same treatment.

These are not picked cases in any way. They are taken in the order in which they came. I have employed this mode of treatment for checking the excessive perspiration of phthisis in twenty cases—ten men, seven women, and three children—and have had only one failure. The youngest patient was a boy of eight, and the oldest a man of forty-five. One woman certainly looked older, but she said she was only thirty-eight. Usually the drug was given at bedtime only, but sometimes a dose was taken three or four times a day. The plan of giving it solely at bedtime answers admirably. In a case where two drops given four times a day afforded only partial relief five drops at bedtime effected a speedy cure. As a rule there is no improvement the first night, but on the second night the perspiration is less, and by the fourth night it has practically ceased. A great advantage of this treatment is that it does not make the skin too dry; it leaves it comfortably moist, while not unfrequently atropia seems to parch it up. It is not uncommon to hear patients who have been taking the picROTOXINE say that the perspiration has not quite gone, but is not bad enough to take medicine for. As a rule the sweating comes back in about ten days, or from that to a fortnight, necessitating a return to the treatment for a few nights. In the same patient I have frequently checked the perspiration with picROTOXINE on three or four different occasions. In this way the opportunities of watching the action of the drug have been considerably multiplied. In one case

picrotoxine succeeded admirably after oxide of zinc and Dover's powder, each given for a week in ten-grain doses at bedtime, had failed. All the patients were out-patients, and all stages of the disease were represented.

I have had only one case of failure out of the twenty, and even there the remedy did some good at first. The patient was a young woman of nineteen, with coarse crepitation all over both lungs. She had had sweating at night for four and a half months, every night. It would come on between eleven and twelve o'clock, as soon as she got to bed, and it would make her things quite wet. She was ordered $\frac{1}{10}$ grain of the picrotoxine every four hours. The first night after two doses she was no better, the second night the perspiration was less, while the third night there was none at all. Camphor-water was then substituted for the picrotoxine, and five days later the perspiration returned "as bad as ever," and continued for six nights. She was then ordered $\frac{1}{8}$ grain every night at bedtime, and four days later she reported that there had been no improvement. She was then ordered $\frac{1}{8}$ grain four times a day, which was taken for three days with very little benefit. The dose was then increased to $\frac{1}{4}$ grain four times a day, but it did her no good. She was wet through night after night, and "the medicine did not help her a bit now." She was very weak indeed, could hardly get about, and her cough was very bad. I did not feel justified in keeping her longer on the picrotoxine, so gave her pilocarpine, which promptly checked the sweating.

I also used the picrotoxine mixture in the case of an asthmatic who perspired profusely during his paroxysms. It had no influence on either the shortness of breath or sweating. *Grindelia robusta* subsequently arrested the attacks, and with them the sweating.

Calomel in Typhoid Fever.—In the premonitory stage of typhoid fever we have the usual symptoms indicative of a febrile condition, which we very often see in patients who are suffering from the pernicious effects of prolonged constipation through over-eating, inactive habits, and inattention to the bowels. I have noticed this marked similarity of symptoms frequently, and I am sure that some of my patients (when the diarrhea had commenced owing to the inability of the intestines to contain their contents) would infallibly have dropped into that condition called typhoid fever, had the administration of calomel not been resorted to.

We find that the premonitory symptoms are chilliness, offensive breath, a dry furred tongue, loss of appetite and nausea, bowels constipated and irregular, and the urine loaded with phosphates; and there is also a pain in the back. These are the principal symptoms, which are quite sufficient for our purpose, pointing decidedly to bowel disorder, and would be speedily rectified by the administration of such a purgative as calomel. This simple treatment, however, is overlooked, and consequently the patient gets worse, and by reason of this abnormal condition of the bowels being unattended to the patient sooner or later, according to the degree of strength he possesses, succumbs, and typhoid fever results, which very likely is ascribed to invisible germs, to milk, or to some infectious excreta, or to something else equally difficult to disprove. However, it is easy to see, as I have said before, that the symptoms point to bowel complication; and we shall find further on that they increase in intensity, owing to the fact that the administration

of purgatives is entirely neglected. In the first week (for this fever is divided into different stages) there is great nervous depression, the pulse increases in frequency, there is extreme thirst and heat, the patient complains of pain in the head, accompanied with giddiness, and now the diarrhea commences, and we get the famous typhoid stools; the abdomen feels full, and in some cases tense and painful, and we become aware, on pressing the right iliac region, of a gurgling sensation which is communicated to the finger.

Now we have got at the root of the matter, and, in my opinion, to the origin of the fever: first, we have constipation, turbid urine, foul tongue, offensive breath, and very frequently the pain in the back, indicative of an overloaded transverse colon; secondly, we get thirst, nervous depression, great heat, pain in the head, and giddiness; and finally, diarrhea, or the efforts of nature to relieve herself; also there is a gurgling near the ileocecal valve which is detected on pressure.—*E. Marlett Boddy, F.R.C.S., in Medical Press and Circular.*

Extensive Sloughing of the Vagina.—Dr. F. Peyre Porcher, from Transactions South Carolina Medical Association, 1879:

The report which follows of this highly interesting case was drawn out at our request by Dr. George E. Sparkman, late house physician at the City Hospital.

Catharine Phillips, colored female, aged eighteen years, was admitted to the colored wards of the City Hospital, under care of Dr. F. Peyre Porcher, October 16, 1878, suffering from gangrene of the vulva. She says that on October 10th she was seized with labor-pains at full term and was delivered of her first child after an easy labor of a few hours—less than twelve hours. Her attendant was an old negro woman. She further states that after delivery she was left in a soiled condition upon the filthy bed until three or four days had elapsed, when she experienced some uneasiness and felt some "pimples" upon the vulva. She called the attention of the woman to her condition, but what was done for her relief she does not know.

She was examined immediately upon admission to hospital, and the labia found to be swollen, black, and sloughing, and escaping between them a purulent discharge of intensely fetid odor, mixed with the urine, which constantly trickled away; general condition of distress; slight fever, with small, quick pulse; anemic appearance of the mucous membranes; lips dry; tongue slightly furred, brownish white; anorexia. The treatment instituted consisted of one grain opium and three grains quinine in pills every four hours. Poultices of equal parts of flaxmeal and charcoal were applied locally and changed repeatedly (a few drops of carbolic acid were mixed with each poultice). In place of pure water she was ordered chlorate-potash water, two drams to a pint of water. Diet—milk, milk punch, and chicken soup. The odor from the parts was so overwhelming as to necessitate the removal of the patient from the ward to a private room, in which sheets saturated with bromochloralum were constantly suspended.

October 20th: A line of separation can be observed surrounding the external parts and extending inward; general condition unchanged; continue treatment.

October 24th: This morning the whole vulva and the vagina, which had separated at its junction with the uterus, were thrown off, leaving a deep excavation in the perineum. With the woman on her back, the

knees one and a half feet apart, and the legs drawn up and flexed at right angles upon the thighs, the excavation is of ovoid shape, and measures across two and a half inches, from above downward five inches, and is about three inches in depth. The greater portion of the back of the cavity is filled by a globe-shaped body, red and bleeding when touched, which we take to be the bladder; while just under the pubis is a test-like process about half an inch long, through which the urine escapes guttatum. In the lower portion of the cavity can be seen a remnant of the posterior wall of the rectum, which has suffered in the general destruction. The uterus can not be seen. The parts were thoroughly syringed with warm carbolated water and then packed with lint saturated with carbolic acid and sweet oil (one to twelve); constitutional treatment continued; beef essence and custards added to diet.

October 30th: The parts have been cleansed regularly as often as necessary, and to-day the woman feels stronger; appetite beginning to improve. She can control the fecal evacuations, and the feces are well molded; the urine continues to escape.

The opium was now stopped, and quinine continued in two-grain doses *ter in die*. Granulations began promptly from the edges, and the cavity is gradually growing smaller. Dr. Rose, who succeeded as house physician in charge of the ward, reports that no material change in the treatment was subsequently required. She was discharged January 30, 1879, greatly relieved if not cured; the cavity was nearly filled up; she could not retain her urine well, but she could walk with ease, and was fat and hearty, and with a good appetite.

Her condition, as reported by Dr. Rose, was as follows: The anterior wall of the rectum, as was stated, had sloughed out; a species of prolapse of the bladder ensued, granulations from the bladder seeming to bridge over the vagina and fill up its cavity, so that the uterus could not be seen nor felt. The mass which originally sloughed out when the patient was first admitted, and which was shown to the class by myself, was nearly eight inches in length and two or three inches in thickness.

A Successful Case of Intra-venous Injection of Beef Peptone for Exhaustion from Hemorrhage from Uterine Cancer.—By Paul F. Mundé, M. D., in *American Journal of Obstetrics*. Patient, forty-seven years of age, has been flowing slightly for a year. No cachexia and but little pain. General health deteriorating. Upon examination was found cancerous infiltration of supra-vaginal portion of the cervix; uterus fixed, bleeding, as high up as internal os. Granulations removed with the curette. Applied powdered sulphate of iron as far up as could be seen. Finding this did no good, the bleeding surfaces being out of sight, Dr. M. determined to find the bleeding spots and apply the styptic directly. While removing the coagula a sudden profuse arterial hemorrhage set in, which the quickly-applied tampons failed to check. The patient rapidly became blanched, when Dr. M., "in sheer desperation," dashed a heaped teaspoonful of dry persulphate into the vagina, packed in all the cotton he could, and applied pressure with the hand. The hemorrhage ceased. Hypodermics of brandy somewhat revived her. Temperature in the evening 100°; pulse 112, very feeble; extremities cool; inability of stomach to bear food. Next morning still feebler. Sent for Dr. Geo. B. Fowler, who brought his apparatus and beef peptone for injecting.

(A decided advantage of this digested food over defibrinated blood or warmed milk is its being always at hand.) The fluid was slowly allowed to flow into the vein by its own pressure. Temperature of patient 100.5°; pulse 108. When about one ounce had been injected patient exclaimed: "My head is bursting; it feels so full." The cheeks began to flush, the eyes to project, and the heart to beat tumultuously. One and a half ounces were allowed to flow in, with an increase of above signs, however. Pulse 92; temperature 99°. Sudden breakage of tube, some fluid escaping into cellular tissue of elbow. Patient began feeling depressed. Brandy *pro re nata*. One hour after, pulse 120. Delirious in the evening; pulse 130; temperature 101. Aromatic spirits of ammonia every half hour during the night. Next morning patient bright and cheerful; pulse 92, full and strong; temperature 99°. Milk *ad libitum* after this, with excellent results, lasting several weeks. Patient is beginning to bleed again within the last few days.

Diseases of the Ear in Relation to Life-Policies.—1. It would be both arbitrary and unjust to look upon all cases of deafness and otorrhea as being alike, and to refuse them. It has not at all been proved that diseases of the ear tend to shorten the medium duration of life in general.

2. All persons who wish to assure their lives must be questioned especially as to the past and present state of their ears.

3. Persons who have been suffering from some disease of the ears, or are still so, must be examined by a specialist.

4. This is done with a view to estimate the danger which their life may incur through this affection. Accordingly they must be classified as good, doubtful, dangerous, very dangerous. This classification will depend (a) on the nature and the gravity of the affection; (b) on the present and past condition of their general constitution.

5. Persons suffering from some affections of the ear may be accepted, if their general health be good and free from all constitutional affection; also when there is no complication. All those must be refused where the otorrhea is caused by an exanthematic fever, or if the persons be scrofulous or syphilitic; also all cases of singing in the ears, with or without deafness, where the gait is unsteady; lastly, all cases where the singing in the ears, whether accompanied by deafness or not, is complicated by a syphilitic constitution.—*Dr. J. Patterson Castels (Glasgow), in British Medical Journal.*

Castanea Vesca in Hooping-cough.—By Dr. W. Kovatsch, in *Laibach. Memorabilien*, vol. 12. The writer concludes, from extensive observations with this drug, that: 1. In the first stage of hooping-cough it is of no service, light narcotics being indicated, as aq. laurocerasus, ext. hyosc., etc. 2. In the second stage, where no complications exist, it markedly decreases the paroxysms within twenty-four hours, but the medicine must be continued for at least two weeks. 3. In the third stage, if the patient is restless, a Dover's powder with quinine is given at bedtime, and the medicament continued. 4. The dose for children under one and a half years, half a dram every two to four hours; for older children, a half to one dram every two or three hours. He does not consider this a panacea for all hooping-cough cases, but believes it to possess great virtues.—*American Journal of Obstetrics.*

Treatment of Infantile Diarrhea and Dysentery.—By A. Jacobi, M. D., in *American Journal of Obstetrics*. This paper is worthy of careful perusal. The causes of infantile bowel-troubles are usually to be found in the food. Fat is a promotor of peristalsis, because it is not digested. Normal milk of the mother contains more fat than is used by the infant. Cow's milk contains still more. The laxative action of co'ostrum, or cream, is thus explained: Sugar often relieves constipation; a small quantity should be given in water before nursing. An improved cow's milk is made by adding a few drops of dil. muriatic acid to water then boiling with double the quantity of milk. A favorite mixture with Dr. Jacobi, where milk is not borne well, is fresh barley water. No beef tea should be given. As a purgative he uses calomel, castor oil, or calined magnesia. To decrease peristaltic action, carbonic acid and ice. To decrease acidity of the stomach, lime alkalies preferred. As to medicines, he employs astringents, bismuth, and opium (Dover's powder).

The Treatment of Ringworm of the Scalp.—Mr. James Startin has found the following treatment most successful in a large number of cases: 1. Well wash the parts affected with just enough soft soap to make a wash; thoroughly dry, and then apply with a thick camel-hair brush some blistering fluid. 2. After a few days, when the inflammation has subsided, use alternately the following applications: ol. cadini, creasote, and tincture of iodini in equal parts, and a lotion of hyposulphite of soda, two drams to the ounce of water, with a little compound tincture of lavender. 3. If the skin should be sore from the use of the above applications, then the use of the white precipitate ointment of the British Pharmacopoeia, diluted with equal parts of vaseline, will prove most beneficial. Mr. Startin does not think we can ever give a prognosis of complete cure of these cases of obstinate ringworm under three months, but he has never found the above to fail.—*British Medical Journal*.

Pilocarpin as an Oxytocic.—By Dr. Schauta, Assistant to Obstetrical Ward, University of Vienna, in *Wiener Med. Wochenschrift*. Dr. Schauta, whose opportunities for observation are so extensive, tried this remedy hypodermically in fifteen cases, with the following results: In twelve cases one injection sufficed to bring on active pains in a few minutes; in three cases two injections were made. The effects upon the skin were various. Some perspired freely, and were less typhoid; others were affected reversely. The medicine was only applied in cases requiring medical aid. Some of the labors were protracted ones, patient exhausted, ineffective pains, etc.; others had no pains whatever, and danger to mother and child imminent. Dr. S. states that the action of the remedy was prompt, and in no case exerted any evil influence on mother or child.

Jaborandi in Puerperal Convulsions.—From Transactions of the New York Obstetrical Society. Much discussion exists with regard to the efficacy of this drug in cases of puerperal eclampsia. Dr. Thomas reports a case cured, Dr. Barker a number ending fatally; Dr. Gillette gives cases benefited by it; Dr. Hanks reports a case where it seemed to be the cause of the death. Dr. Noeggerath thinks that jaborandi is a very useful remedy; that the few cases reported could not be decisive of its value in puerperal eclampsia.

Condensed Milk for Infants.—In opposition to the opinion of Mr. Laing, who writes to the *Journal* of September 27th, I beg to state that I have recently had under my care several cases of infantile diarrhea, in which condensed milk had been the only food. The last case was a very obstinate one, accompanied by much wasting. The usual remedies failed to do any good; but the child at once improved on changing its diet, and is now thriving well.—*W. Whitfield Edwards, in British Medical Journal*.

[We are strong believers in the excellence of condensed milk as a food for infants, regarding it as only second to mother's milk.]

Chloral Hydrate in Obstetrical and Gynecological Practice.—By Dr. C. O. Wright, of Cincinnati, in *American Journal of Obstetrics*. This paper contains the writer's experience and that of numerous others, as published, upon the following applications of chloral hydrate: 1. In shortening the first stage of labor, where chloroform would not be desirable; 2. In puerperal eclampsia; 3. In albuminuria during or after gestation; 4. In all tedious labors; 5. In the vomiting of pregnancy; 6. Locally in eczema of nipples with fissures; 7. In pruritis vulvæ. The favorite mode of internal administration is per enema. The chloral is given either in fifteen-grain doses, often repeated, or in larger doses, as indicated. When used locally it is best combined with vaseline, ten or fifteen grains to the ounce, and applied frequently during the day. The author praises the remedy very highly, and is supported in his views by the results published by numerous authorities whom he quotes.

Vitality of the Teeth.—In the *Dental Register*, September, 1879, Dr. Rawls states that he heard Dr. Geo. Watt reported the case of a boy having a tooth knocked out while coasting. The tooth was lost in the snow for some time, and when found was completely frozen. The doctor, after thawing it successfully in cold, tepid, and warm water, replanted, and since then, to all the known tests, it has responded as a living tooth. Dr. Rawls once had a case similar to that of Dr. Edwards. In extracting a decayed, second lower bicuspid, which impinged on the first bicuspid, the latter popped out, clear across the room. He replaced it, saw the patient six months afterward, and the tooth responded to every test.—*Medical and Surgical Reporter*.

Uterine Fibroid successfully treated by Ergot.—Reported by Dr. E. B. Stevens at the Cincinnati Obstetrical Society, in the *American Journal of Obstetrics*. The submucous fibroid extended from the external os to the umbilicus. Ergot was given with iron by the mouth. The treatment lasted four months, during which time irregular and painful contractions of the uterus, with discharge of clots, took place. There was no sign of tumor at end of four months.

Ovariectomy at the Women's Hospital, New York.—During the ten months, September, 1878, to July, 1879, Dr. Thomas has performed ovariectomy twenty-two times, with twenty-one recoveries and one death; the death occurring in a woman who was sent to the hospital in a most forlorn condition three weeks after her delivery. In nine of the cases cold affusion was employed by Kibbee's method.—*New York Med. Jour.*